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ABSTRACT

Five early education curricula for handicapped children are described. The five curricula are: (1) the Learning Accomplishment Profile (LAP), which uses a developmental task approach with hierarchical objectives in six specific domains (gross motor, fine motor, social, self-help, cognitive, and language skills); (2) Higher Competencies in Communication, Own Care, Motor and Problem-Solving (HICOMP), a developmental task approach with objectives in four domains listed above; (3) the Portage Curriculum, a developmental task approach with six areas of functioning (infant stimulation, socialization, language, self-help, cognitive, and motor) originally aimed at rural handicapped children; (4) Project Memphis, a developmental approach stressing parent training in five domains (personal-social, gross-motor, fine-motor, language, and percepto-cognitive); and (5) Developmental Programming for Infants and Young Children (DPI), a curriculum developed through a transdisciplinary and interdisciplinary approach, with six domains (perceptual/fine-motor, cognition, language, social/emotional, self-care, and gross-motor). Discussion of each of the five curricula addresses the following topics: history, organization, population/use, training needed, record keeping/assessment, lesson planning, practicalities, and products. Publisher and cost information are also provided. Sample items from the five curricula are presented in a separate appendix. (CL)

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IN-DEPTH DESCRIPTION
OF
FIVE LEADING PRESCHOOL CURRICULA

PRESENTED AT THE
XVIIIth WORLD CONGRESS OF O.M.E.P.
THE WORLD ORGANIZATION FOR PRESCHOOL EDUCATION

JULY, 1986
JERUSALEM, ISRAEL

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ABSTRACT

IN-DEPTH DESCRIPTION
OF
FIVE LEADING PRESCHOOL CURRICULA

The presentation will provide a close up of five early education curricula. The five to be examined in-depth are: Learning Accomplishment Profile (LAP), Higher Competencies in Communication, Own Care, Motor and Problem-solving (HICOMP), Portage, Memphis and Developmental Programming for Infants and Young Children. The presentation will discuss the history, the characteristics of and the products in each curriculum. It will show how to link each one to norm-or criterion-referenced tests. Samples of materials, record sheets, etc. will be available.

IN-DEPTH DESCRIPTION
OF
FIVE LEADING PRESCHOOL CURRICULA

HISTORICAL PERSPECTIVES

The history of educational programming for young handicapped children in the United States is a short one. In the past, shortly after their birth, young handicapped children were either kept in their home or placed in institutions. These children were not considered to be educable and, therefore, funds to educate them were considered wasted (Hutt & Gibby, 1976). It was considered to be in the best interests of both the handicapped as well as the non-handicapped to keep the handicapped children out of the schools. Thus, the handicapped could not harm the non-handicapped nor did they have to be exposed to the demanding environment of the school and its programs.

The major function of the public schools was thought to be to socialize and educate normal children. Early in the 20th century that view changed and mentally retarded children were accepted into the public schools - but, in segregated classes only. By 1910, Hutt & Gibby (1976) noted that 99 cities in the United States provided classes for mentally retarded school aged children. These programs expanded during the 1920's, 1930's and 1940's; but they excluded preschool children. In the 1950's and 1960's public schools in the United States began to provide education for other handicapped school aged children: the physically handicapped, the visually impaired, the hearing impaired and the learning disabled. But the public schools accepted responsibility for handicapped children after the age of six only.

However, between 1968 and 1973 changes in social philosophy as reflected in a series of court and legislative decisions (Bricker, 1978) led to provisions of a free appropriate education for all handicapped children, ages 3 to twenty-one. Many of these court decisions occurred in different states throughout the United States. These state laws and a series of federal laws culminated in the passage of Public Law (P.L.) 94-142, the Education for All Handicapped Children Act of 1975. This act established five important mandates:

1. All handicapped children between the ages of 3-21 must be provided with free appropriate educational programs.
2. These programs must be based on an individualized educational program developed for each child and reviewed at least once a year.
3. The individual educational program must be developed from results of assessment procedures that considered cultural background, primary language and previous experience.
4. The educational program in which the handicapped child is placed must be as normal as is possible, with non-handicapped children as much as is possible and must consider the capabilities of the handicapped child.
5. Parents must be involved in planning the educational program and in accepting the classification and educational placement of their child. Parents are accorded carefully defined due process procedures.

In the 20 years prior to the passage of P.L. 94-142, educational programs for preschool age children were found either in private nursery schools for children of middle and upper class families, or

in early intervention programs for children of lower class families who were thought to be "culturally deprived" or in community or private agencies or for handicapped preschoolers in hospitals.

Also, in the 1960's in the United States much attention was given nation-wide to helping lower class children to "catch up" to their middle class peers. Head Start and Follow Through were public programs that nurtured the emergence later of public education for preschool handicapped youngsters. For example, Head Start required that 10 percent of the children enrolled in the program be identified as handicapped.

Also, many early educational curricula were developed when research and development funding was provided to many colleges, universities and public schools. The funding was provided from different offices in the federal government. A network of government funded early education projects for handicapped preschool children was called First Chance. The following five curricula received such funding: Learning Accomplishment Profile (LAP), Higher Competencies in Communication, Own-Care, Motor and Problem Solving (HICOMP), the Portage, the Memphis and Developmental Programming for Infants and Young Children (DPI).

The Learning Accomplishment Profile, the LAP was developed in the schools of the State of North Carolina.

HIATORY:

Other groups provided input into the LAP's development too: the Community Action Agency, the Junior Services Leagues, the Neighborhood Youth Corps and many interested parents. The funding for research and development came from the federal Office of Child Development and the

Bureau of Education for the Handicapped. The LAP curriculum emerged from the diverse skills of many individuals: professionals, parents and paraprofessionals.

The LAP was put together by "cutting and pasting" objectives and goals from several sources. Then it was field tested with young children. The manual has careful documentation of the original sources of individual items and of the field testing.

ORGANIZATION:

The LAP uses a developmental task approach as its theoretical base. This makes it usable for normal and developmentally delayed children. The developmental domains are: (1) gross- and (2) fine-motor skills, (3) social, (4) self-help, (5) cognitive and (6) language skills.

The curriculum content is in a parallel mode which means that the objectives are placed in specific domains. Each domain contains separate hierarchical lists of objectives which can cross-over into the other domains. A developmental task approach characteristically results in crossover because often the sequences of skills are interdependent.

POPULATION:

The LAP was field tested as is required for a First Chance project funded by the Bureau of Education for the Handicapped. The target population was a group of children who had developmental delays in one or more of the six domains. To comply with P.L.94-142, the population included children who were developmentally at age too.

USE:

The LAP was planned and designed for use with individuals or groups of children. It was considered appropriate for use in infant centers, in child development centers, with head start groups, in preschool facilities, in kindergarten with mainstreamed children and in parent-involvement programs.

TRAINING NEEDS:

The LAP curriculum was planned so that minimal training of personnel was needed. Individuals trained in or familiar with the Bayley Scales of Infant Development, the Denver Developmental Screening Test or other norm-referenced tests are able to use the LAP. The user must be able to observe and record specific behaviors found in young children.

RECORD-KEEPING/ASSESSMENT:

The LAP Diagnostic Edition and Profile were planned for individual record keeping. Daily attempts or achievement are to be recorded. The Profile lists short and long range objectives and goals respectively that help to plan and to write Individual Educational Programs (I.E.P.) as required by P.L. 94-142.

PRACTICALITIES:

The LAP's diagnostic edition is packed in a tool box. It is heavy, but carried conveniently. The materials are durable. The test manual is in a hardback 3 ringed notebook that is easy to use and sturdy.

PRODUCTS: MAIN PRODUCTS

1. Learning Accomplishment Profile
2. Manual on the use of the LAP
3. Diagnostic Edition Kit (LAP-D)
4. A Planning Guide: The Preschool Curriculum
5. Early LAP
6. Learning Activities
7. Planning Guide for Gifted Preschoolers

Approximate cost for items 1-7 is \$250.00

SOME SUPPLEMENTAL PRODUCTS

1. Programs for Parents of Preschoolers
2. Working with Families
3. The Chapel Hill Model for Training Head Start Personnel in Mainstreaming
4. The Carolina Developmental Profile

The publisher is:

Kaplan

600 Jonestown Road

Winston-Salem, N.C. 27103

The HICOMP curriculum was a product at the HICOMP project.

HICOMP is an acronym for "higher competencies" in the four domains of communication, own-care, motor and problem solving. Its theoretical orientation is a developmental task approach.

HISTORY:

The HICOMP Project was one of the network of First Chance projects that the Bureau of Education for the Handicapped funded. The HICOMP

curriculum was under the directorship of John Neisworth and Carol Cartwright at The Pennsylvania State University. HICOMP served as a model outreach project for 3 years in 25 states in the United States, in overseas preschools and in Child care settings elsewhere.

In addition, the HICOMP Curriculum has been adopted by infant development centers, head start centers, child care centers, public and private preschools and kindergartens. Several American Montessori preschools have adopted the HICOMP as a supplementary program.

From 1978 on, several child care centers of the United States Air Force have used HICOMP. The curriculum's provision of a built-in record keeping system allowed transferred air force families to "hand carry" the program from air force base to base. Program continuity was maintained.

The HICOMP curriculum was put together by "cutting and pasting" goals and objectives from norm-referenced tests and criterion-referenced curricula. The Pennsylvania State University personnel field tested the curriculum for 3 years in a model preschool. Other preschool centers and child care facilities tested HICOMP too.

ORGANIZATION:

The COMP curriculum is arranged in a parallel mode and in these four domains - communication, own care, motor and problem-solving. Its theoretical orientation is the developmental task approach. The four domains contain 800 separate hierarchical objectives of behaviors seen in children from birth through age five. At the end of each domain, there is space for the users to add other objectives. The use of the parallel mode allows for crossover in the domains. The curriculum guide lists the objectives that are identical in the

different domains.

POPULATION:

The HICOMP curriculum was designed for use with normal developmentally delayed and multi-handicapped children. The curriculum complies with the mandates of P.L. 94-142. It may be used with individuals or groups. It facilitates communication and involvement of parents because they can keep records of their child's development too.

TRAINING NEEDS:

All that is needed to implement the program is a careful and thorough study of the curriculum guide. The Guide states procedures for assessment and placement of a child, for teaching objectives (suggested lesson plans and strategies) and for evaluating performance to determine attainment of a specific objective.

RECORD-KEEPING/ASSESSMENT:

Unlike the LAP, the record-keeping form of the HICOMP is very easy to maintain. It has only one place on which to record. This permits the parent or the teacher to spend more time working with individual children. Other records may be added, if desired; such as, individual charts or graphs.

LESSON PLANNING:

There are eleven behavioral strategies described in the COMP curriculum guide. These provide specific behaviorally stated objectives and specific teaching techniques for each objective. These help the teacher, paraprofessional and parent to accommodate to each child's needs. Consultants for specific needs, such as language signing or physical therapy, are suggested.

The HICOMP curriculum is unique in its comprehensiveness of objectives. It includes affective skills, such as teaching a sense of humor too, and does so through the use of behavioral strategies.

PRACTICALITIES:

The manuals are paperback with plastic bindings so that the user may fold back the pages when recording data. The print is large and can be read easily, even while the user works with the child.

PRODUCTS:

1. COMP Curriculum
2. COMP Curriculum Guide

The Curriculum is divided into the four major domains: communication, own-care, motor and problem solving. Color coded tabs facilitate use. The four domains are subdivided and result in 21 subdomains. Each subdomain is defined and the definitions are found in a supplementary handout.

The HICOMP curriculum lists a hierarchy of 800 developmental behaviors. Lesson plans accompany the 800 objectives.

The Curriculum Guide offers suggestions for behavioral strategies useful in implementing the 800 developmental objectives. It provides suggested evaluation techniques for determining progress too. The Guide is useful by itself or as a supplement for other curricula that may not provide specific teaching and evaluation strategies.

ADDITIONAL PRODUCTS:

1. Comp Identification Find/Screen Planning Package
2. Perceptions of Developmental Skills Profile (POD Profile)
3. A Home Visitors Guide
4. A Family Needs Assessment

5. The COMP-Parent
6. Jotty Giraffe
7. COMP Lesson Plan Manual

All of the items listed would cost less than \$100.00.

The materials are available from:

The HICOMP OutReach Project

Division of Special Education and Communication Disorders

327 Cedar Building

The Pennsylvania State University

University Park, PA 16802

The Portage Curriculum

HISTORY:

The Portage Curriculum is a product of the Portage Project. This project began in 1969 and was funded by the Bureau of Education for the Handicapped. The curriculum was developed to serve children from birth through age six. The original target population was handicapped preschool children who lived in rural Wisconsin. The curriculum was designed to provide programming in the child's home setting. The parents were trained to use behavior management techniques with their handicapped preschool aged children. The program was home based because the rural geographic area to be served was so large that transportation to central locations was impractical. During the developmental stage of the project a "home teacher" visited each child's home for 1½ hours every week for a 9½ month period. The home teacher's role was to help the parents to assess the child's skills, to determine the sequence of skills to be taught and to

teach specific skills by using behavioral strategies.

In 1975 the Portage model was validated for national dissemination and replication. The evaluation process included forms designed to determine the project's success, to contract for training and technical assistance, to provide information about teachers, paraprofessionals, parents and children and to assess the impact of the Portage curriculum upon the population served.

Since then, the Portage Project has experienced over 30 replications of its curriculum. Over 9000 individuals and agencies in the United States and other countries have purchased its card file boxes and checklists. Among these countries are Australia, Belgium, Canada, England, Israel, Japan, Lebanon, Mexico, Sweden and Venezuela.

ORGANIZATION:

The Portage Curriculum is arranged in the parallel mode. At the younger ages there is cross-over between and among the domains. The theoretical basis of the curriculum follows the developmental task approach. This makes the curriculum very helpful for planning and teaching. The curriculum is divided into six developmental areas: (1) infant stimulation, (2) socialization, (3) language, (4) self-help, (5) cognitive and (6) motor. Norm-referenced tests or developmental scales are useful in helping to determine where to start the child's program.

POPULATION AND USE:

Initially, the Portage was developed for handicapped preschool children and their parents. But it reaches a larger group now because of its curriculum suggestions are useful and applicable to all young children. The curriculum is a rich resource with many stimulating

ideas that parents may want to use in organizing play groups. Child development, child care centers and preschool programs find the Portage curriculum useful for developmentally normal, delayed or even developmentally advanced children.

TRAINING NEEDS:

Minimal training of certified teachers is required before using the Portage Curriculum. However, a series of training workshops is suggested to prepare parents and paraprofessionals in the use of the Portage. Follow-up workshops are recommended too.

RECORD-KEEPING/ASSESSMENT:

To place a child at the correct point in the developmental curriculum it is best to use a norm-referenced developmental scale, such as, the Gesell schedules. The arrangement of the Portage facilitates linkage from the results of the norm referenced assessment to the individual check lists. Thus, it is easy to maintain records of each child's achievement and growth as well as rate of learning in each domain.

LESSON PLANNING:

The Portage Curriculum has a behavioral design. Evaluation occurs on a daily basis. These are done in the form of frequency charts.

PRACTICALITIES:

The Portage is well packaged. The individual lessons are on cards so the parent or teacher may keep it nearby to glance at while working with children. The cards are boxed.

The checklist is a needed component. It helps to keep detailed records of each child's developmental progress in each domain or area of skills.

PRODUCTS:

1. The Portage Guide Kit

Manual of instructions

Card File Box

Checklists

2. The Portage Parent Program

Sets of parent readings and inventories

Instructor set and manual with parent reading, inventory
and instructor's manual

3. Parent Guide to Early Education

The total cost is about \$85.00

The publisher is:

Portage Guide to Early Education

The Portage Project

Cooperative Educational Service Agency

412 East Slifer Street

Portage, Wisconsin 53901

PROJECT MEMPHIS

HISTORY:

Project Memphis was funded by the Bureau of Education for the Handicapped. Its purpose was to study methods for educating preschool handicapped children and their parents. Its development was to provide a working model for the training of preschool handicapped foster children and their foster parents.

Project Memphis uses a developmental task approach. The curriculum contains 260 items for use with all preschool children, especially those who are developmentally delayed, ages birth to five.

The curriculum covers five developmental areas or domains: (1) personal-social, (2) gross-motor, (3) fine-motor, (4) language, and (5) percepto-cognitive.

The child-training component is used to develop remediation techniques for developmental deficiencies. Its purpose is to enhance development to such an extent that the child may be placed in a regular classroom.

The parent-training component is used to teach parents how to take an active part in furthering their child's development. Also, this component helps parents to learn how to cope with their handicapped child.

Training the parents in how to help the child is very important for two reasons. The handicapped child needs an on-going supportive environment to maintain and generalize school acquired skills. Second, the preschool child spends most of the time in the home and the knowledgeable parent may use the skills learned from the training to help the child to develop, as well as to maintain and transfer learned skills.

ORGANIZATION:

The Project Memphis curriculum is arranged in a parallel mode. There is a total of 260 developmental tasks in the five developmental skills areas. These tasks are arranged sequentially from birth to age five. The authors consider the 260 tasks as functional milestones in human growth and development.

There is some crossover of skills in that some skills found in one domain may appear in another. The purpose of the skill may differ in the different domains.

POPULATION/USE:

The initial development of Project Memphis was for handicapped preschool children living with foster parents. The program is used with developmentally "normal" children who reside with their biological parents too. The program is used with either individual child or a group.

TRAINING NEEDS:

There is a text that is designed to provide effective ways to implement and maintain the teaching procedures. The text gives an overview of the Project, discussions on specific program components and descriptions of procedures for the parent training.

The text is Enhancing Developmental Progress in Preschool Exceptional Children by Quick, Little and Campbell (1974).

LESSON PLANNING:

Lesson Plans for Enhancing Preschool Developmental Progress contains suggestions for materials and/or equipment needed to teach each skill. The teaching procedures are detailed and helpful. Criteria for evaluation are given too. No time limits are considered and this may present problems when the instructor is trying to determine skill mastery.

PRACTICALITIES:

The Lesson Plans noted above are in a soft covered, 3-ring loose-leaf notebook. The skills are placed in developmental sections. At the beginning of each section is a page from the Memphis Comprehensive Developmental Scale that corresponds to the developmental domain in that section. No dividers are provided between sections, so referencing is awkward. Recording a child's progress is complicated

too because it is done in several places.

PRODUCTS:

1. Enhancing Developmental Progress in Preschool Exceptional Children, (Text), Quick, Little & Campbell
2. Instruments for Individual Program Planning and Evaluation
Comprehensive Developmental Scale
Developmental Skill Assignment Record
Continuous Record for Educational-Developmental Gain
3. Guide to Programming
4. Lesson Plans for Enhancing Preschool Progress (manual), Quick & Campbell

The items cost about \$35.00

The publisher for items 1-3 is:

Fearon

6 Davis Drive

Belmont, CA 94002

The publisher for the lesson plan manual is:

Kendall/Hunt Publishing Co.

Dubuque, Iowa

DEVELOPMENTAL PROGRAMMING FOR INFANTS AND YOUNG CHILDREN (DPI)

HISTORY:

The DPI emerged from a project funded at the Institute for the Study of Mental Retardation and Related Disabilities at the University of Michigan. The funding came from a grant given by the U.S. Office of Education, Department of Health, Education & Welfare. In August 1974 the DPI was classified as a First Chance project by the Bureau

of Education for the Handicapped. The curriculum was developed by experts in each of the six domains: (1) perceptual/fine-motor, (2) cognition, (3) language, (4) social/emotional, (5) self-care and (6) gross-motor. Each expert trained the others to implement the activities in his/her own domain of expertise. Thus a transdisciplinary and interdisciplinary approach evolved.

The DPI was "cut and pasted" from norm-referenced assessment instruments. It was field tested and was designed to be used with children whose developmental ages are birth through 36 months.

ORGANIZATION:

The DPI is in a parallel mode with each domain divided into several subdomains. Each domain covers a 3 month span in age. Crossover occurs between each domain. This is especially useful since children at these developmental ages do practice similar skills in more than one domain.

POPULATION/USE:

The field testing of the DPI included children with developmental delays and children who were developing normally. At the end of each list are suggestions on how to adjust the activities for children with hearing, visual or motor impairments.

Since there are no provisions for recording a child's accomplishment, the instructor must make a booklet to do so. No behavioral strategies are suggested either. No methods for evaluating performance are present. To use the DPI stimulation activities requires an individual competent in behavioral-analysis skills. An individual with this training can ensure that the activities are taught and evaluated correctly.

TRAINING NEEDED:

Minimal training is needed to implement the activities. More training may be needed to adapt activities for handicapped children. The training should place emphasis on performance and not on verbal skills. A workshop on how to use behavioral strategies would be helpful since these are not presented in the curriculum itself. Teachers, parents and paraprofessionals may use the DPI.

RECORD KEEPING/ASSESSMENT:

The materials in the DPI are planned and designed as a total package. The Early Intervention Profile is administered every 3 months and is used to record the child's scores. Stimulation activities are used in the 3 month intervals between assessment and recording. It is suggested that the trainer develop a record keeping form for daily use. Such a form may be more practical and efficient. It may eliminate the need for the 3 month formal reassessment too.

LESSON PLANNING:

The Stimulation Activities manual gives many teaching strategies. No curriculum guide is included.

PRACTICALITIES:

The DPI curriculum is in paperback format. Plastic binders make handling easy.

PRODUCTS:

1. DPI Assessment and Application
2. DPI Early Developmental Profile
3. DPI Stimulation Activities

Publisher is:

The Early Intervention Project for Handicapped Infants
and Young Children

Institute for the Study of Mental Retardation and Related
Disabilities

The University of Michigan Press

P.O. Box 1104

Ann Arbor, Michigan 48106

Cost is about \$20.00

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